

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31659

FILED
Jan 20, 2012
Secretary of State

Entity Name: FLORIDA CENTER FOR THE BLIND, INC.

Current Principal Place of Business:

7634 SW 60TH AVE.
OCALA, FL 34476 US

New Principal Place of Business:

Current Mailing Address:

7634 SW 60TH AVE.
OCALA, FL 34476 US

New Mailing Address:

FEI Number: 59-2953392 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ARNDT, TEENA J
7634 SW 60TH AVE.
OCALA, FL 34476 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BREWER, EDWARD
Address: 11546 SW 69TH CIRCLE
City-St-Zip: OCALA, FL 34476

Title: V
Name: BLACKMER, PATRICIA M
Address: 9659-B SW 95 TERRACE
City-St-Zip: OCALA, FL 34481

Title: S
Name: PHILLIPS, WENDY
Address: 6314 SW 84TH PLACE RD.
City-St-Zip: OCALA, FL 34476

Title: T
Name: FRANCIS, DOLORES
Address: 7535 SW 100TH ST.
City-St-Zip: OCALA, FL 34476

Title: D
Name: CARUANA, ROBERT
Address: 8959-B SW 96TH LANE
City-St-Zip: OCALA, FL 34481

Title: D
Name: DAVIS, JAMES
Address: 8978- B SW 94TH LANE
City-St-Zip: OCALA, FL 34481

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD BREWER

P

01/20/2012

Electronic Signature of Signing Officer or Director

Date